

San Martin Neighborhood Alliance "Together We Make A Difference"

FAX TRANSMITTAL

TO:

Local Agency Formation Commission

FROM:

San Martin Neighborhood Alliance

DATE:

September 23, 2008

RE:

California Form 460, Recipient Committee Campaign Statement

NO PAGES: 18 (including this page)

Recipient Committee Campaign Statement Cover Page (Government Code Sections 84200-84216.5)	Type or print li	n ink.	Date Stamp	COVER PAGE CALIFORNIA 460 FORM	
	Statement covers period from Lan 1, 2008	Date of election if applicable: (Month, Day, Year)	•	Page of For Official Use Only	
SEE INSTRUCTIONS ON REVERSE	through Ang 16, 2008	NA			
General Purpose Committee Sponsored Sinal Contributor Committee	Primarily Formed Ballot Measure Committee (Controlled Also Complete Part 6) Primarily Formed Candidate/ Wifficeholder Committee Wiso Complete Part 7)	2. Type of Statement: Preelection Statement Semi-annual Statement Termination Statement (Also file a Form 410 Terminal Amendment (Explain below)	☐ Sp ☐ Su ation) Sta	narterly Statement ectal Odd-Year Report pplemental Preelection stement - Attach Form 495	
	NUMBER	Treasurer(s)			
STREET ADDRESS (NO P.O. BOX) CITY STATE S	DE AREA CODE/PHONE	MAME OF TREASURER, CLEO LOGAN MAILING ADDRESS SAN WANTO CITY SAN WANTON NAME OF ASSISTANT TREASURER, IF	C/A 99	CODE AREA CODE/PHONE	
MAJLING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BO	21/2 602-2667	MAILING ADDRESS	ANY		
OPTIONAL: FAX / E-MAIL ADDRESS	DE AREA CODE/PHONE	CITY	STATE ZIP C	ODE AREA CODE/PHONE	
		OPTIONAL: FAX / E-MAIL ADDRESS			
I have used all reasonable difigence in preparing and reviewing to under penalty of perjury under the laws of the State of California I Executed on	By Signality e of Contr	viedge the information contained herein and Signature of Treasety or Assistant Treasurer oring Officeholder, Candidate, Stale Measure Proporerior Speature of Controlling Officeholder, Candidate, Stale Measure	Responsible Officer of Sponsor	ules is true and complete. I certify	
Executed on	8v	Granture of Controlling Office holder, Candidate, State Measu		SDEO E. Jan C.	

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 666/ASK-FPPC (666/275-3772)
State of California

Campaign Disclosure Statement Summary Page

Type or print in ink.

Amounts may be rounded to whole dollars.

	SUMMARY PAGE
Statement covers period from Jan (2008	CALIFORNIA 460
through Ang 16, 2008	Page of
	I.D. NUMBER

SEE INSTRUCTIONS ON REVERSE		thr	ough Ang 16, 2000 Page _ of U_
NAME OF FILER	***************************************		I.D. NUMBER
Smy NA, Juc			None
Contributions Received	Column A TOTAL THIS PERIOD [FROMATIACHED SCHEDULES]	Column B Calendar year Total todate	Calendar Year Summary for Candidates Running in Both the State Primary and
 Monetary Contributions Loans Received Schedule A, Line 3 Substantial Educations Substantial Educations Nonmonetary Contributions Total Contributions Received And Lines 3 + 4 	s 12 718 500 5 15 58 1577 5328 5 21 106	\$ 12728 800 8\$ 5328 \$ 21,106	General Elections 1/1 through 6/30 7/1 to Date 20. Contributions Received \$ \$
Expenditures Made 6. Payments Made 7. Loans Made 8. SUBTOTAL CASH PAYMENTS 9. Accrued Expenses (Unpaid Bills) 10. Nonmonetary Adjustment 9. Schedule F, Line 3 11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10	\$ 5/015 0	\$ 51015 \$ 51015 \$ 5015.	Expenditure Limit Summary for State Candidates 22. Cumulative Expenditures Made* [If Subject to Voluntary Expenditure Limit) Date of Election Total to Date (mnvdd/yy)
Current Cash Statement 12. Beginning Cash Balance Previous Summary Page, Line 16 13. Cash Receipts Column A, Line 3 above 14. Miscellaneous Increases to Cash Schedule 1, Line 4 15. Cash Payments Column A, Line 8 above 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 If this is a termination statement, Line 16 must be zero. 17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 Cash Equivalents and Outstanding Debts 18. Cash Equivalents See instructions on reverse 19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$ 3291 \$ 3291 \$ 3291	To calculate Column B, amounts in Column A to corresponding amounts from Column B of your report. Some amounts Column A may be negatigures that should be subtracted from previo period amounts. If this the first report being fill for this calendar year, carry over the amounts from Lines 2, 7, and 9 any).	the shape sh
19. Outstanding Debts Add Line 2 + Line 9 in Column B above	\$		FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

	A Contributions Received	Amount	e or print in ink. ts may be rounded whole dollars.	Statement coo	atement/covers parlad		CALIFORNIA 460 FORM	
NAME OF FILER	NA, INC.			(moagh			NBER Vone	
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF-COMMITTEE, ALSO ENTER ID. MUNBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (F SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOLINT RECEIVED THIS PERIOD	OUMULATIVE TO CALENDAR YE (JAN, 1 - DEC.	DATE	PER ELECTION TO DATE (IF REQUIRED)	
4/3/08	Charles & Cocilia Logan San Wartin Are San Martin CA 95016	AUND □COM □OTH □PTY □SCC	Attorney	6500	\$500			
8/2003	Cal Stone Clagas Ase San Manfon 95046	☐IND ☐COM SEOTH ☐PTY ☐SCC	·	\$1000				
3/2008	South valley disposal Gilling of	□IND □COM NOTH □PTY □SCC		\$1000				
8/2023	South valley Nation Buch Morgan Hll Ae	☐IND ☐COM ☑OTH ☐PTY ☐SCC		250		-		
		☐IND ☐COM ☐OTH ☐PTY ☐SCC						
			SUBTOTAL \$					
Amount red (include all	A Summary serived this period – itemized monetary contributions. Schedule A subtotals.)		\$ 2750 100 12 228 \$ 15	-500 - -175	IND-1 COM-	(other th	at Committee ean PTY or SCC)	
3. Total monet	eived this period – uniternized monetary contributions tary contributions received this period. 1 and 2. Enter here and on the Summary Page, Colun	·	14978		PTY~	Political P	e.g., business entity) Party Intributor Committee	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B - Part 1
Loans Received

SEE INSTRUCTIONS ON REVERSE

AU MO

FULL NAME, STREET ADDRESS AND ZIP CODE

OF LENDER

(IF COUNTITIES, ALSO ENTERED NUMBER)

Sin Martin, CA95046

COM OTH PTY SCC

COM OTH PTY SCC

T□ IND □ COM □ OTH □ PTY □ SCC

Schedule B Summary

12515 Footbill se

NAME OF FILER

Type or print in ink. Amounts may be rounded to whole dollars.

(a) OUTSTANDING

BALANCE

BEGINNING THIS

SUBTOTALS \$

AMOUNT

RECEIVED THIS

PERIOD

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\$

			s	CHEDULE B - PART
•	Statement cov rom	CALIFO FOR	• • • • • •	
Ł	hrough	08	_ Page _	of 16
			I.D. NUMBE	R
			N	22
(c) AMOUNT PAID OR FORGIVEN THIS PERIOD	(d) CUTSTANDING BALANCE AT CLOSE OF THIS PERIOD	(*) INTERES PAID THIS PERIOD	AMOUNTO	
□ PA¥Đ				CALENDAR YEAR
FORGIVEN	s	RATE	\$	PERELECTION
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ş	\$	\$		
		(Enter (e) on Schedule E, Line		
\$	400-	,		
			†Contributor Cod	les
\$			IND - Individual COM - Recipient	Committee
NIT A	8 (t) —		(other tha OTH – Other (e.; PTY – Political Pt	an PTY or SCC) g., business entity)

1. Loans received this period\$ (Total Column (b) plus unitemized loans of less than \$100.) 2. Loans paid or forgiven this period\$ (Total Column (c) plus loans under \$100 paid or forgiven.) (include loans paid by a third party that are also itemized on Schedule A.) 3. Net change this period. (Subtract Line 2 from Line 1.) NET \$ (May be a reget to starber) Enter the net here and on the Summary Page, Column A, Line 2.

IF AN INDIVIDUAL, ENTER

OCCUPATION AND EMPLOYER

(IF SELF-EMPLOYED, ENTER NAVE OF BUSINESS)

'Amounts forgiven or paid by another party also must be reported on Schedule A. ** If required.

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule B – Part 2 Loan Guarantors

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE8-PART2
Statement opvers period	CALIFORNIA 460
through 8/16/08	Page S of 16
	1

SEE INSTRUCTIONS ON REVERSE				through XII 6100	Page	or <u>vo</u>
NAME OF FILER					I.D. NUMBER	₹
SMNA, UC						
FULL NAME, STREET ADDRESS AND ZIP CODE OF GUARANTOR (FOOMMITTES, ALSO ENTER ID. NAMBER)	CONTRIBUTOR CODE	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	LOAN	AMOUNT GUARANTEED THIS PERIOD	CUMBULATIVE TO DATE	BALANCE OUTSTANDING TO DATE
<i>\ \</i> \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□IND □COM		LENDER		CALENDAR VEAR	
None	□OTH □PTY □SCC	;	DAYE		PER ELÉCTION (IF REQUIRED)	
	□ COW		LENEGR		CALENDAR YEAR	
	□OTH □PTY □SCC		DATE		PER ELECTION (IF REQUIRED)	
	□IND □COM		LENDER		CALENDAR YEAR \$ PERELECTION	
	□OTH □PTY □SCC		DATE		(IE BEQUIRED)	
	□IND □COM		LENDER		CALENDAR YEAR	
	□ОТН □РТУ		DATE		PERELECTION (IF REQUIRED)	
	□scc		SUR	TOTAL \$	Enter on Summary Page,	
					Litse 17 cm/y.	

Schedule C Nonmonetary Contributions Received

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statemenl covers period rom In 12008 CALIFORNIA 460 FORM Page of ID. NUMBER

SEE INSTRUCTIONS ON REVERSE NAME OF FILER

SM NA, INC.

6~	THE TWO						NOW
DATE RECEIVED	PULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER LD. NUMBER)	CONTRIBUTOR CODE 2	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (FSELF-EMPLOYED, ENTER NAME OF BUSINESS)	DESCRIPTION OF GOODS OR SERVICES	AMOUNTI FAIRMARKET VALUE	CUMULATIVE TO DATE CALENDAR YEAR (JAN I - DEC 31)	PER ELECTION TO DATE (IF REQUIRED)
4/2008	Cordevalle san made 95046	□IND □COM JXOTH □PTY □SCC		round of gelf	\$200	200-	
4/2008	Sylva Ranches Hydrand & Santacathalesa San Martha, CA	□IND □COM >BOTH □PTY □SCC		10 balas Hzy	\$120	120-	
4/2008	South valley disposal, inc Gilmay, CA	□END □COM □PTY □SCC		Lupster	\$ 100	· /B ~	
4/2008	Pacofic Sounty force inc Som months he Som Montin, CA	□IND □COM DSOTH □PTY □SCC		dog Komei	\$150	180-	

Attach additional information on appropriately labeled continuation sheets.

SUBTOTAL \$ 570 -

Schedule C Summary

- Amount received this period itemized nonmonetary contributions.

 (Include all Schedule C subtotals.)

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 1
- 2. Amount received this period unitemized nonmonetary contributions of less than \$100\$

*Contributor Codes

IND - Individual

COM - Recipient Committee

(other than PTY or SCC)

OTH - Other (e.g., business entity) PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 450 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (856/275-3772)

Schedule X (Continuation Sheet) No Monetary Contributions Received

NAME OF FILER

Type or print in ink.

Amounts may be rounded to whole dollars.

	SCHEDULE (CONT
Statement covers period	california 460
Ihraugh Ang 16, 2008	Page of 6
	LD. NUMBER

	SMNA- lue					JMBER
	J10(10A-, 1000)					ore
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (#COMMUTEE ALSO ENTER! D NUVBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, EYTERNAME OFBUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1 - DEC. 31)	PER ELECTION TODATE (IF REQUIRED)
Ang Leve	Southvalley desposed Gilvey, CA Tope	☐IND ☐COM		Synce \$180	\$230	
Anghers	Sylva Ranches Highlands sonta Therasa San Martin, CA 98016	□IND □COM IPTY □SCC		to balos	\$235	
Ang	Cerdevalle San martin CA 98016	□IND □COM SEOTH □PTY □SCC		904 \$700	\$900	
Araj Neog	Pacific Searty Soule	□IND □COM ☑OTH □PTY □SCC		to komel	\$ 400	
Angineos	Cal Stone Llegas pre San manhon CA	□IND □COM ₩OTH □PTY □SCC		Bricks \$100	(lô	
			SUBTOTAL\$	1305 —		2.6 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5 2.5

'Contributor Codes

ND - Individual

COM~Recipient Committee

(other than PTY or SCC)
OTH - Other (e.g., business entity)

PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/95) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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	C.
Schedule	(Continuation Sheet)
My Monetary	Contributions Received

Type or print in Ink.
Amounts may be rounded to whole dollars.

	SCHEDULE (CONT
Statement covers period	california 460
through <u>\$16108</u>	Page 8 of
	I.D. NUMBER -

NAME OF FILER	SMNA, lac			· ·		1.D.NU	MBER
DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO EMTER LO. NUMBER)	CONTRIBUTOR CODE *	IF AN INDMIDUAL, ENTER OCCUPATION AND EMPLOYER (IFSELF-EMPLOYED, ENTER NAME OFFUSINESS)	AMOUNT RECEIVED THIS PERIOD	CUMULATIVE TO CALENDAR Y (JAN. 1 - DEC	EAR	PER ELECTION TO DATE (IF REQUIRED)
Angl	Gilray golf conse Hecker pass rd. Gilray CA 15000	□IND □COM EXOTH □PTY □SCC		904	100 -		
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		□IND □COM □OTH □PTY □SCC					
		☐IND ☐COM ☐OTH ☐PTY ☐SCC					
			SUBTOTAL \$	110-			

*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other (e.g., business enlity) PTY - Political Party

SCC - Small Contributor Committee

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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Supportir Candidate	of Expenditures ng/Opposing Other es, Measures and Committees	Type or print in Amounts may be to whole doll:	rounded	Statement cover	CAL	schedule FORNIA 460 ORM
NAME OF FILER	-				I.D. N	UMBER
	OMNA, INC				A	Jose
DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DAT CALENDAR YEAR (JAN.1-DEC,31)	PER ELECTION TO DATE (IF REQUIRED)
	None	Monetary Contribution Nonmonetary Contribution Independent				
	Support Oppose	Expenditure				
	☐ Support ☐ Oppose	☐ Monetary Contribution ☐ Nonmonetary Contribution ☐ independent Expenditure				
		Monetary Contribution Nonmonetary Contribution Independent				
	Support Dppose	Expenditure			-	
			SUBTOTAL	\$		
Schedule I	O Summary					
. Itemized co	ontributions and independent expenditures made	this period. (Include al	Schedule D subtotals.).		\$	
. Uniternized	d contributions and independent expenditures ma	de this period of under	\$100		\$	
	butions and independent expenditures made this	-				

Schedule E Payments Made

Type or print in Ink. Amounts may be rounded to whole dollars.

	SCHEOULE
Statement covers period	CALIFORNIA 460
through \$ (668	Page 10 of b
	1.D. NUMBER

		from	
SEE INSTRUCTIONS ON REVERSE		through 8 (608	Page 10 of b
NAME OF FILER			I.D. NUMBER
Dmall (ue)			None
CTB contribution (explain nonmonetary)" CVC civic donations Fil. candidate filing/ballot fees FND fundraising events ND independent expenditure supporting/opposing others (explain)* CFC office explain petition circ	ommunications and appearances enses culating	RAD radio airtime and production of RFD returned contributions SAL campaign workers' salaries TEL t.v. or cable airtime and production of the returned contributions TRS staff/spouse travel, lodging, and in staff/spouse travel, lodging, are	ction costs meals nd meals of the same candidate/sponsor
NAME AND ADDRESS OF PAYER (IF COMMITTEE, ALSO ENTERAD, NUMBER)	CODE OR DESC	RIPTION OF PAYMENT	AMOUNT PAID
Wensler & Kalley	0.00		\$ - 000
L-Afeo	PNO		1929
LAFEO	·? Lafco	fas	\$34,710
Scott Browns			
grass valley, cot	Pro		\$2750
A Payments that are contributions or independent expenditures must also be summer.	narized on Schedule D.	SUB	TOTALS 72714
Schedule E Summary			
1. Itemized payments made this period. (Include all Schedule E subtotals.)	1818181818147478181818181818181818181818		s 51015-
2. Uniternized payments made this period of under \$100			
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part			
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the	the Summary Page, Column A, L	ine 6.) FOTA	L\$ 5/015

Schedule E (Continuation Sheet) Payments Made

Type or print in ink. Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
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SEE INSTRUCTIONS ON REVERSE NAME OF FILER			through 8/16	108	Page of O	<u>, </u>
Sm NA, [We					I.D. NUMBER NO.	
CTB contribution (explain nonmonetary)* CVC civic donalions FIL candidate filing/ballot fees FNO (undraising events independent expenditure supporting/opposing others (explain)* CFC office expendent expenditure of policing expenditure of policing and independent expenditure supporting/opposing others (explain)* OFC office expendenter of policing experiments of policing expenditure of policing and independent expenditure supporting/opposing others (explain)* OFC office expendenter of policing expenditure of policing expendi	imunications d appearance uses dating s survey researe ivery and mes	s	RAD radio airtime ai RFD returned contri SAL campaign work TEL t.v. or cable air TRC candidate trave staff/spouse tra	nd production of butions ters' salaries time and produ II, lodging, and twel, lodging, a en committees on	udion costs meals and meals of the same candidate/sp	ропѕог
NAME AND ADDRESS OF PAYEE (IF CONJUSTEE, ALSO ENTER LO. NUMBER)	CODE C	DESC	CRIPTION OF PAYMENT		AMOUNT PAI	.ID
willian fors Palo Alto, CA	Pro				\$300)
Jaguar febrologies	Œ				191	,
wante remposemts	Cit				395	 >
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National troply gilvay CA	FND		1.7.		248	
Payments that are contributions or independent expenditures must also be summarized on \$	Schedule D.			SUR	TOTAL \$ 48 04	

Schedule E (Continuation Sheet) **Payments Made**

Type or print in ink. Amounts may be rounded to whole dollars.

Statement covers period

CALIFORNIA **FORM**

SCHEDULE E (CONT.)

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

through.

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CMP campaign paraphernalia/misc. campaign consultants

CTB contribution (explain nonmonetary)* CVC civic donations FIL candidate filing/ballot fees FND fundraising events

ND legal defense LEG campaign literature and mailings

independent expenditure supporting/apposing others (explain)*

MTG meetings and appearances OFC office expenses PET pelition circulating PHO phone banks POL

MBR member communications

polling and survey research POS postage, delivery and messenger services PRO professional services (legal, accounting)

PRT print ads RAD radio airtime and production costs

returned contributions SAL campaign workers' salaries

TΕL I.v. or cable airtime and production costs candidate travel, lodging, and meals TRS

staff/spouse travel, lodging, and meals TSF transfer between committees of the same candidate/sponsor

VOT voter registration

WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (F CONMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	AMOUNT PAID
San Martn Comby Park Monterey Rd Som wanten GA	FND Park vental	\$1000
I Having David Ean Martin	FND band	\$ 500
Catoning by drama	end can dran	1384
MBC Spanses Graghetti Sornal	FWD	<i>85</i> .
Conshort misc	FND	617

^{*} Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL S

Schedule E (Continuation Sheet) Payments Made

Type or print in lnk.

Amounts may be rounded to whole dollars.

	SCHEDULE E (CONT.)
Statement covers period	CALIFORNIA 460
rough 8(16(08	Page 3_ of 16
	LD MIMBED

SEE INSTRUCTIONS ON REVERSE	through 8(16(08)	Page 3_ of 16
NAME OF FILER		I.D. NUMBER
Sm NA INC		-

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment. CMP campaign paraphernalis/misc. MBR member communications RAD radio alrime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonetary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating I.v. or cable airlime and production costs FIL candidate filing/ballot fees PH0 phone banks TRC candidate travel, lodging, and meals FND fundraising events staff/spouse travel, lodging, and meals POL polling and survey research **₩** independent expenditure supporting/opposing others (explain)' POS postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor LEG legal defense PRO: professional services (legal, accounting) VOT voter registration campaign literature and mailings PRT print ads WE8 information technology costs (Internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER LD. NUVBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Pacific diversifed insuma	PVO		\$26

 $^{^\}star$ Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

	Type or print in ink. Amounts may be rounded to whole dollars.		SCHEDULE F				
Schedule F Accrued Expenses (Unpaid Bills)			Statement cov	ers period C	ALIFORNIA 460		
SEE INSTRUCTIONS ON REVERSE			through 4		age 14 of 0		
Smax luc				I,D	NUMBER		
CODES: If one of the following codes accurately describ CMP campaign paraphernalia/misc. CNS campaign consultants CTB contribution (explain nonmonetary)* CVC civic donations F4. candidate filing/ballot fees FND fundraising events IND independent expenditure supporting/opposing others (explain)* LEG legal defense LIT campaign literature and mailings	MBR member communications RAD radio at meetings and appearances RFD returne OFC office expenses SAL campai FET petition circulating TEL t.v. or campai TRC phone banks TRC candidate POL polling and survey research TRS staff/sp postage, delivery and messenger services TSF transfer PRO professional services (legal, accounting)			nd production costs ibutions kers' salaries trime and production el, lodging, and meal avel, kodging, and meal er committees of the	oduction costs ns salaries and production costs iging, and meals		
NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER 1D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD		
None							
* Payments that are contributions or Independent expenditures must also be summarized on Schedule O.	SUBTOTALS	\$:	5	\$	\$		
Schedule F Summary							

accrued expenses of \$100 or more, plus total uniternized accrued expenses under \$100.)________INCURRED TOTALS \$

1. Total accrued expenses incurred this period. (include all Schedule F, Column (b) subtotals for

3. Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and

2. Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on

net change this period, (Subtract Line 2 from Line 1. Enter the objective nere and on the Summary Page, Column A, Line 9.) FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

Schedule G Payments Made by an Agent or Independent Contractor (on Behalf of This Committee)

Type or print in ink.
Amounts may be rounded
to whole dollars.

Statement covers period

CALIFORNIA 460

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I.D. NUMBER

NAME OF AGENT OR INDEPENDENT CONTRACTOR

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment, CMP campaign paraphemalia/misc. MBR member communications RAD radio airtime and production costs CNS campaign consultants MTG meetings and appearances RFD returned contributions CTB contribution (explain nonmonelary)* OFC office expenses SAL campaign workers' salaries CVC civic donations PET petition circulating I.v. or cable airtime and production costs FIL candidate filing/ballot fees PHO phone banks candidate travel, lodging, and meals FND fundraising events POL polling and survey research staff/spouse travel, lodging, and meals independent expenditure supporting/opposing others (explain)* ND postage, delivery and messenger services TSF transfer between committees of the same candidate/sponsor legal defense professional services (legal, accounting) VOT voter registration ய campaign literature and mailings PRI print ads WEB information technology costs (internet, e-mail)

^{*} Payments that are contributions or Independent expenditures must also be summarized on Schedule D.

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE, ALSO ENTER I.D. RUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
None			
			·
			<u> </u>

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$

^{*} Do not transfer to any other schedule or to the Summary Page. This total may not equal the amount paid to the agent or independent contractor as reported on Schedule E.

-				_				SCHEDULE
Schedule H Loans Made to Others*		Amounts r	print in ink. nay be rounded ole dollars,		Statement co	vers period	CALIFORN FORM	460
SEE INSTRUCTIONS ON REVERSE					through B	5/08	Page 16	or 16
NAME OF FILER							I.D. NUMBER	
5mNA, Inc								
FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT UF COMMITTEE, ALSO ENTER IO. NUMBER	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	(a) OUTSTANDING BALANCE BEGINNING THIS PERIOD	(b) AMOUNT LOANED THIS PERIOD	(c) REPAYMENT C FORGIVENES THIS PERIOL	S CLOSE OF THIS	(A) INTEREST RECEIVED	(f) ORIGINAL AMOUNT OF LOAN	(g) CUMULATIVE LOANS TO DATE
				☐ PAID				CALENDAR YEAR
al one				FORGIVEN	\$	PATE %	\$	\$PERELECTION**
		\$	\$	\$	DATE DUE	\$	DATE INCURRED	s
				□ PAID				CALENDAR YEAR
				FORGIVEN	\$	RATE	\$	PERELECTION**
		\$	3	\$	ĐẠTE DUE	\$	DATE INCURRED	3
*Loans that are contributions to another candidate or committee must also be summarized on Schedule D. Loans forgiven must also be reported on Schedule E. SUBTOTALS				\$	\$	\$		
						(Enfler (e) on Schedule I, Line 3)		
Schedule H Summary								
Loans made this period (Total Column (b) plus unitemized loans	of less than \$100.)		,-,-+-,, <u>-,,</u>	d by = = = + q + m bm 3 d b + +	\$		-	**If Required
Payments received on loans (Total Column (c) plus unitemized payments)			4 P 2 1 7 4 1 1 4 4 1 - 1 1	*****************	\$		-	
3. Net change this period. (Subtract Line 2 (Enter the net here and on the Summary	2 from Line 1.) 7 Page, Column A, Line 7.)		4*18*1b4b18181818187919	4 + (+ 4) 4 + + + + + + + + + + + + + + + + + + +	NET \$	y ke a negative number)	<u>-</u>	

FPPC Form 460 (January/05) FPPC Toll-Free Helpline: 886/ASK-FPPC (866/275-3772)

SMNAL W. DATE RECEMBED FULL NAME AND ADDRESS OF SCURCE (re countries, Associate in Associate) FULL NAME AND ADDRESS OF SCURCE (re countries, Associate in Associate) Sale of Now Monetary ifecus Attach additional information on appropriately labeled continuation sheets. Substotal's \$32.8 Schedule I Summary I. Itemized increases to cash this period. 2. Unitemized increases to cash of under \$100 this period. \$ 2. Unitemized increases to cash of under \$100 this period. \$ 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).)	SEE INSTRUCTIONS	ous Increases to Cash Amou	pe or print in ink. Inis may be rounded o whole dollars.	Statement covers period from	CALIFORNIA 460 FORM
Attach additional information on appropriately labeled continuation streets. Schedule I Summary 1. Itemized increases to cash this period. 2. Unitemized increases to cash of under \$1,00 this period. \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	NAME OF FILER	SMNA, (uc			I.D. NUMBER
Attach additional information on appropriately labeled continuation sheets. Substant \$ 5328 Schedule Summary 1. Itemized increases to cash of under \$100 this period. 2. Unitemized increases to cash of under \$100 this period. 3. Total of all interest received this period on Icans made to others. (Schedule H, Column (e).)		FULL NAME AND ADDRESS OF SOURCE (#F COMMITTEE, ALSO ENTER ID. MAMBER)	D	ESCRIPTION OF RECEIPT	
Schedule I Summary 1. Itemized increases to cash this period		Sale of Non-monetay item	S		5328
Schedule I Summary 1. Itemized increases to cash this period		ļ			
Schedule I Summary 1. Itemized increases to cash this period					
Schedule I Summary 1. Itemized increases to cash this period					
Schedule I Summary 1. Itemized increases to cash this period					
1. Itemized increases to cash this period. \$ 2. Unitemized increases to cash of under \$100 this period. \$ 3. Total of all interest received this period on loans made to others. (Schedule H, Column (e).) \$	Attach addition	onal information on appropriately labeled continuation sheets.		SUBTOTAL	\$ 5328
	1. Itemized inc	reases to cash this period.			
4. Iotal miscellaneous increases to cash this period. (Add Lines 1, 2, and 3. Enter here and on the		nterest received this period on loans made to others. (Schedule H, Co laneous increases to cash this period. (Add Lines 1, 2, and 3. Enter	•	7	_

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